



# APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

Brunswick County Health Services, Environmental Health Section  
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*Office Use Only*  
Reviewed:  
Notes:  
  
Approved for EHS:

## PLEASE NOTE:

- Application processing may take up to two weeks. Incomplete forms will not be processed.
- A \$25 revisit fee will be assessed for pools that cannot be permitted at initial requested inspection.

## POOL INFORMATION

Name of swimming pool: \_\_\_\_\_

Street address of swimming pool: \_\_\_\_\_

Type of public swimming pool: (choose location and type) \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor  
\_\_\_\_\_ Swimming Pool \_\_\_\_\_ Spa \_\_\_\_\_ Wading Pool  
\_\_\_\_\_ Specialized Water Recreation Attraction \_\_\_\_\_ Special Purpose and Therapy Pool

Dates of operation: \_\_\_\_\_ \$200 for seasonal pool (pools operating April 1<sup>st</sup>-October 31<sup>st</sup>)  
(check one) \_\_\_\_\_ \$300 for year-round pool (pools operating January 1<sup>st</sup>-December 31<sup>st</sup>)

Opening date: \_\_\_\_\_ Closing date: \_\_\_\_\_

Hours of operation: Opening time: \_\_\_\_\_ Closing time: \_\_\_\_\_

Date pool constructed or remodeled: (check one) \_\_\_\_\_ Before May 1, 1993 \_\_\_\_\_ May 1, 1993 or later

Date fence installed/replaced: (check one) \_\_\_\_\_ Before May 1, 2010 \_\_\_\_\_ May 1, 2010 or later

Type of disinfection: \_\_\_\_\_

Has any equipment been replaced since the last permit was issued? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

## OWNER INFORMATION

Name of Owner/POA/HOA: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

## OPERATOR (on-site manager) INFORMATION

Name of pool operator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Operator trained by \_\_\_\_\_ Certification # \_\_\_\_\_

## **SUBMIT THE FOLLOWING TO THE ADDRESS ABOVE TO BEGIN THE APPLICATION PROCESS:**

\_\_\_\_\_ Application for Public Swimming Pool Operation Permit (Separate application for each pool)

\_\_\_\_\_ Pool Drain Safety (VGB) Compliance Data Sheet(s)

\_\_\_\_\_ Pool permit fee (Separate fee for each pool)

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**Application Submitted by:**

**Name (Print & Sign):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Pool Drain Safety (VGB) Compliance Data**  
**PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE**

\*A separate form is required for each pumping system\*

**Name of Pool:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**1. Pump Flow:**

Pump Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Horsepower: \_\_\_\_\_

Maximum Pump Flow. Maximum flow rate *from pump curve*: \_\_\_\_\_ gpm  
(Provide supporting evidence if flow reduction.)

Has this pump been replaced since the previous permit was issued? \_\_\_\_\_  
If yes, attach copy of electrical inspection.

**2. Drain Sump Measurements:** This is the area under the floor drains. If field built sump may need to remove drain cover one time to measure. (Check here if sumpless \_\_\_\_\_, then proceed to next section.)

Sump shape: Round- width: \_\_\_\_\_ inches diameter; **OR** Square- \_\_\_\_\_ inches X \_\_\_\_\_ inches

Sump minimum depth: \_\_\_\_\_ inches Diameter of outlet pipe in sump: \_\_\_\_\_ inches

Distance of top (inside) of outlet pipe from bottom of cover/grate: \_\_\_\_\_ inches

Sump manufacturer and model # (if available): \_\_\_\_\_

**3. Drain Cover/Grate Data:**

Number of drains on each pump: \_\_\_\_\_ Distance between drains (on centers): \_\_\_\_\_

Cover/grate manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Lifespan: \_\_\_\_\_

Maximum flow rating of cover/grate: \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

Date drain cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**4. Equalizer Covers:**

Number of operable skimmer equalizers: \_\_\_\_\_; **OR** Have the equalizers been disabled? YES / NO

Equalizer fitting manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Lifespan: \_\_\_\_\_

Equalizer fitting maximum flow rating: \_\_\_\_\_ gpm

Date equalizer cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**5. Safety Vacuum Release System (SVRS):** Required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump.

SVRS manufacturer: \_\_\_\_\_

**Vacuum line** (Choose One)

\_\_\_\_ No vacuum line in pool; **OR**

\_\_\_\_ Protective cover on vacuum lines installed before May 1, 2010; **OR**

\_\_\_\_ Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

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**Pool Drain Safety Compliance Data Provided by:**

**Name (Print & Sign):** \_\_\_\_\_

**Date:** \_\_\_\_\_